

Beaverton

City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.beavertonoregon.gov

OFFICE USE ONLY				
Date Received:	Permit No.:			
Date Issued:	By:			
	Payment Type:			

TYPE OF WORK							
□ New construction □ Addition/alteration/replacement □ Other:							
CATEGORY OF CONSTRUCTION							
	Commercial/industrial Master builder	☐ Accessory building ☐ Other:					
JOB SITE INFORMATION AND LOCATION							
Job no.: Job addr	ess:						
City/State/ZIP:							
Suite/bldg./apt. no.:	Project nan	ne:					
Cross street/directions to job site:							
Subdivision:	Lot no.:						
Tax map/parcel no.:							
D	ESCRIPTION OF WOR	К					
□ PROPERTY OWNER		☐ TENANT					
Name:		L IERAKI					
Address:							
City/State/ZIP:							
Phone:	Fax:						
E-mail:	1						
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature:							
Owner installation: This installation is sale, lease, rent, or exchange.	being made on property tl						
Owner installation: This installation is sale, lease, rent, or exchange.	being made on property the						
Owner installation: This installation is sale, lease, rent, or exchange. Owner signature:	being made on property t	Date:					
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Owner installation: This installation is sale, lease, rent, or exchange. Owner signature: APPLICANT Business name:	being made on property the	Date:					
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Owner installation: This installation is sale, lease, rent, or exchange. Owner signature: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: E-mail: Electrical lic. no.:	Fax:	Date:					
Owner installation: This installation is sale, lease, rent, or exchange. Owner signature: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: E-mail:	Fax: CONTRACTOR Fax: CCB lic. no	Date:					
Owner installation: This installation is sale, lease, rent, or exchange. Owner signature: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: E-mail: Supervising electrician	Fax: CONTRACTOR Fax: CCB lic. no	Date:					
Owner installation: This installation is sale, lease, rent, or exchange. Owner signature: APPLICANT Business name: Contact name: Address: City/State/ZIP: Phone: E-mail: Business name: Address: City/State/ZIP: Phone: E-mail: Supervising electrician signature, required:	Fax: CONTRACTOR Fax: CCB lic. no	Date:					

PLAN REVIEW Please check all that apply: Service or feeder 400 amps Building over three stories or more Fire pump Commercial-use agricultural buildings Commercial-use agricultural buildings Installation of 150 KVA or larger Sox or more residential units Health-care facilities Addition of 160 HP or more Sox or more residential units Health-care facilities Ar. "E."+2."+3" occupancy Recreational vehicle parks FEE SCHEDULE Description Qty. Fee Total * Residential single- or multi-family dwelling unit includes attached garage 1,000 sq. ft. or less 152.85 4 Ea. add'l 500 sq. ft. or portion 27.30 Limited energy, residential (with above sq. ft.) Limited energy, multi-family residential (with above sq. ft.) Services or feeders installation, alteration, and/or relocation 200 amps or less 90.95 2 201 amps to 400 amps 188.28 2 241 amps to 600 amps 180.09 2 2601 amps to 1,000 amps 235.53 2 2 2 2 2 2 2 2 2	Payment Type:								
Service or feeder 400amps or more Fire pump Emergency system Addition of new motor load of 100HP or more Six or more residential units Health-care facilities He	PLAN REVIEW								
Hazardous locations	Please check all that apply: Service or feeder 400amps or more Fire pump Emergency system Addition of new motor load of 100HP or more			□ Service or feeder over 600 amps □ Building over three stories □ Marinas and boatyards □ Floating buildings □ Commercial-use agricultural buildings □ Installation of 150 KVA or larger					
Peter Pete			☐ "A," "E," "I-2," "I-3" occupancy						
Residential single- or multi-family dwelling unit Includes attached garage									
Includes attached garage	Description		Qty.	Fee	Total	*			
1,000 sq. ft. or less		ti-fami	ly dwell	ing unit	l .				
Ea. add'l 500 sq. ft. or portion				152.95		1			
Limited energy, residential (with above sq. ft.) 72.03 2 2	•					4			
(with above sq. ft.) 39.46 2 Limited energy, multi-family residential (with above sq. ft.) 72.03 2 Services or feeders installation, alteration, and/or relocation 200 amps or less 90.95 2 201 amps to 400 amps 108.28 2 401 amps to 500 amps 180.09 2 601 amps to 1,000 amps 235.53 2 Over 1,000 amps or volts 542.03 2 Utility reconnect 72.03 1 Temporary services or feeders installation, alteration, and/or relocation 200 amps or less 72.03 2 201 amps to 400 amps 100.06 2 2 401 amps to 600 amps 100.06 2 401 amps to 1000 amps 176.91 2 Branch circuits — new, alteration, or extension, per panel A. Fee for branch circuits with above service or feeder fee, each branch circuit 3.34 ach branch circuit 3.34 2 Each add'I branch circuit 3.34 miscellaneous (service or feeder fee, first branch circuit 72.03 2 Sign or outline lighting 72.03 2 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Services or feeders installation, alteration, and/or relocation	(with above sq. ft.)			36.46		2			
Services or feeders installation, alteration, and/or relocation				72.03		2			
201 amps to 400 amps									
401 amps to 600 amps	200 amps or less			90.95		2			
Cover 1,000 amps Cover 1,000 amps Cover 1,000 amps or volts Cover 1,000 amps or less Cover 1,000 amps Cover 1,000 amp	201 amps to 400 amps			108.28		2			
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SUBTOTAL Plan review (25% of permit fee) State surcharge (12% of permit fee)									
Plan review (25% of permit fee) State surcharge (12% of permit fee)	Electrical permit fees								
State surcharge (12% of permit fee)	SUBTOTAL								
	Plan review (25% of permit fee)								
TOTAL PERMIT FEE	State surcharge (12% of permit fee)								
	T								

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

^{*} Number of inspections allowed per permit.